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| | | | Application Number | 111 | 1624. | 432 | |
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| | FORM | | First Named Inventor | no | 111111 | MANUT | 7 / |
| | 1 Office | | Art Unit | 1 | 2-15-1 | 1777 | ->51G |
| | | | Examiner Name | | 3/5/ | 0-1- | |
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| Total Number of | f Pages in This Submission | 12 | Attorney Docket Number | | OLM44 | 19 8 | |
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| ☐ F | ee Attached | | Licensing-related Papers | | | eal Communication opeals and Interfere | |
| Amendme | ent/Reply | L — | Petition | | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | to TC ily Brief) |
| | | | Petition to Convert to a Provisional Application | | Prop | rietary Information | |
| | fter Final | | Power of Attorney, Revoca | tion | | · · | |
| A | ffidavits/declaration(s) | | Change of Correspondence Address Status Letter Other Enclosure(s) (please | | se Identify | | |
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| Application Number | 10/624, 432 |
| Filing Date | 67-22-2003 |
| First Named Inventor | Rue WM ATTONY |
| Art Unit | 1375/ |
| Examiner Name | Drune Patant |
| Attorney Docket Number | DM4491 |

| I hereby revoke all previous powers of attorney given in the above-identified application. |
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| Please change the correspondence address for the above-identified application to: |
| The address associated with |
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| Firm or Individual Name Rou W. MATTSON IN. |
| Address |
| Firm or Individual Name Roy W. MATTSON JA. Address 1732 Grenicas St. |
| City howay mont state to 21 80,701 |
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| Telephone 303-776-4114 Fax 303-776-6485 |
| I am the: |
| Applicant/Inventor. |
| Assignee of record of the entire interest. See 37 CFR 3.71. |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |
| SIGNATURE of Applicant or Assignee of Record |
| Signature)//////////////////////////////////// |
| Name Roy W. MATEUN N - |
| Date 4-01-2005 Telephone 303-776-414 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |
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| Application Number | 101624,432 |
|------------------------|----------------|
| Filing Date | 19-22-2007 |
| First Named Inventor | BONW. MATTONTA |
| Art Unit | 3757 |
| Examiner Name | DegenE PETER T |
| Attorney Docket Number | RM 11091 |

| I hereby revoke all previous powers of attorney given in the above-identified application. | |
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| OR | |
| I hereby appoint the practitioners associated with the Customer Number: | |
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| Please change the correspondence address for the above-identified application to: | İ |
| The address associated with Customer Number: | |
| OR | |
| Firm or Individual Name Roy W. MAHSOJTh - | |
| Address | |
| 1732 Greven St. | |
| City have point State Les Zip 8050 | |
| Telephone 200 TOURS Fax 200 TOURS | |
| 303-111-4114 303-116-8419 | |
| I am the: Applicant/Inventor. | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | |
| SIGNATURE of Applicant or Assignee of Record | |
| Signature Januaria C. Octo | |
| Name PAULITE Ogdan | |
| Date 04-08-2005 Telephone 303-771-4/119 | 2 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than signature is required, see below." | n one |
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| Application Number | 10/624,432 |
| Filing Date | 67-22-2003 |
| First Named Inventor | Ros W. mitto m |
| Art Unit | 3757 |
| Examiner Name | DAME PERET |
| Attorney Docket Number | DM4491 |

| l hereby revoke all ore | vious powers of attorney given in the ab | ove-identified application. | RECEIVED - Central Fax Center |
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| OR ☐ I hereby appoint t | ne practitioners associated with the Custon | er Number: | |
| . | correspondence address for the above-ide associated with nber. | ntified application to: | |
| OR | | | |
| Firm or Individual Name | Roy W. MAHEON | 2 — | |
| Address | 1730 grenies st | - | |
| City | hour most State | Co Zip 8 | 5050/ |
| Country | 11.5.A | · | |
| Telephone | 303-776-4114 | ax 303-771-04 | 89 |
| I am the: Applicant/Invent | or. | | |
| Assignee of reco | ord of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) is enclosed. (Form PTO/S. | | |
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